

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0053947 | | |
| Date Assigned: | 03/27/2015 | Date of Injury: | 06/26/2014 |
| Decision Date: | 05/04/2015 | UR Denial Date: | 03/03/2015 |
| Priority: | Standard | Application Received: | 03/21/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 34 year old male, who sustained an industrial injury on 5/1/14. He reported low back pain. The injured worker was diagnosed as having lumbar sprain, lumbar sciatica, and lumbar myelopathy. Treatment to date has included medications. A MRI of the lumbar spine performed on 10/14/14 revealed lumbar spondylosis from L3-S1, L5-S1 posterior disc protrusion, L4-5 posterior disc protrusions with thecal sac narrowing, and L3-4 posterior osteophyte disc complex. Currently, the injured worker complains of low back pain. A physician's report dated 2/17/15 indicated the injured worker had erectile dysfunction. The treating physician requested authorization for a urology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Urology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational medicine practice guidelines, 2nd edition, 2004 Page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Evaluation of male sexual dysfunction.

Decision rationale: There are many causes of erectile dysfunction (ED): vascular, neurologic, local penile factors, hormonal, drug induced, and psychogenic. In men presenting with a complaint of inability to develop erections, the presence or absence of spontaneous erections is an important clue to diagnosis. Most men experience spontaneous erections during rapid eye movement (REM) sleep, and often wake up with an erection. Complete loss of nocturnal erections is present in men with neurologic or vascular disease. In addition to the basic physical exam, there should be an assessment of secondary sexual characteristics (body hair, facial hair, body habitus), examination of femoral and peripheral pulses as a clue to the presence of vascular impotence, a breast exam to look for evidence of gynecomastia, and measurement of testicular volume. Appropriate laboratory tests for men with sexual dysfunction typically include fasting glucose or glycated hemoglobin (A1C), complete blood count, comprehensive metabolic profile to assess liver and kidney function, lipid profile, and serum total testosterone. Patients with ED without an obvious cause (eg, pelvic trauma), and who have no symptoms of coronary or other vascular disease, should be screened for cardiovascular disease prior to initiating therapy for sexual dysfunction. In this case there is no documentation that the preliminary evaluation has been started. Urology consultation is not indicated until cardiovascular and other causes have been ruled out. Urology consultation is not indicated at this time. The request is not medically necessary.